



**Health Homes**

# Overview



Health Homes are focused on individuals with multiple co-occurring chronic conditions or a severe mental illness.

- A Health Home represents collaborative and integrated health services addressing physical and behavioral health issues/conditions inclusive of community resources and supports, as well as long-term services and supports.
- Service delivery model may include a variety of community-based health services delivery organizations with services coordinated and transitions in care facilitated to ensure continuity in services.
- Amerigroup Kansas provides end-to-end care coordination in collaborating with a Community-Based Organization that represents a point-of-service with co-located physical and behavioral health services as well as a care manager as preferred model.



# Premise for Health Homes...



- Mind and body are connected
- Team care is better care
- Engagement and self care—health system is known, predictable, offering a comfortable and engaging experience, and personal involvement in managing health which leads to improved health
- Coordination, collaboration, continuity enhance health services
- Mobilizing and coordinating primary medical services, specialists, behavioral health, and long-term services and supports increases efficiencies and improves patient outcomes
- Outcomes
  - Increases health status and quality of life
  - Reduces premature mortality
  - Enhances service quality
  - Reduces Hospital Inpatient admits/length of stays
  - Reduces Emergency Department utilization
  - Reduces redundancy in tests and procedures
  - Reduces costs

# Key Components of the Amerigroup Health Homes Model

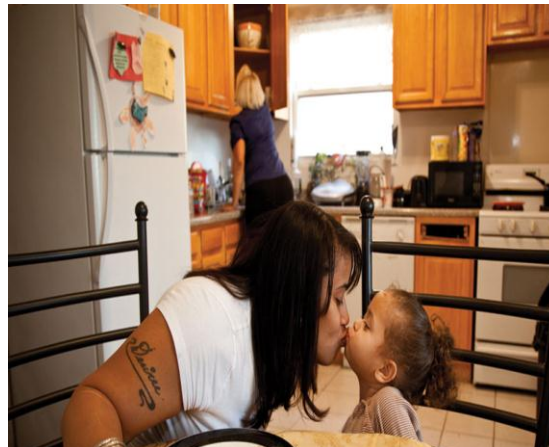


## Consumer Considerations

- Member identification and placement
- Voluntary vs. mandatory participation
- Complex Care Coordination
- Physical and behavioral health integration
- Case and disease management
- Continuity of care
- Quality metrics

## Provider Considerations

- Health Home provider identification and credentialing
- Team-Based Care
- Multi-disciplinary teams
- HIT/Service Records/Continuity of Care Document
- HH Capabilities Development



## State/Managed Care Organization Considerations

- Single vs. multicarrier operating models
- Service area requirements and roll-out
- Funding model
- HIT and HIE requirements
- Quality Assurance
- Success metrics and reporting
- Independent evaluation

# States with Health Home Activities



Amerigroup has several markets currently providing Health Homes:

- New York
- Washington
- Wisconsin

Pilot /Demonstration Project Activities:

- Georgia
- Maryland
- Texas
- Virginia



# Program Activities: Roles and Responsibilities



Health Home	Amerigroup
Outreach and engagement	Identify members from data files for HH
Biopsychosocial assessment, establish personal health plan inclusive of safety, advanced directive	Benchmarks, expected outcomes
Outpatient Physical and Behavioral Health Services—assessment and health plan	Provide clinical guidelines-pathways to manage members with chronic conditions
Wellness Visits and Health Promotion	Monitor health screenings completed
Chronic Condition Management --Acute episodes of care --Education and self-management (Chronic Care)	Monitor standard of care for chronic conditions Monitor for duplication of test and procedures Monitor Emergency Room & Inpatient Admissions
Case Management; referrals to community and social supports	Comprehensive Care management—communicate with HH on social supports—transportation, housing, Long-Term Services and Support
Individual and Family Support	Respite Services, value-added benefits
Care Coordination between Physical Health & Behavioral Health; Primary Care & Specialists	Vendor services Ancillary services
Facilitate Transitions in Care	Utilization management
Monitor and follow members over time --Registries to track	Quality Assurance/Quality Improvement Reporting



# Summary



Establishing Health Homes in Kansas offers:

- The potential to design a dynamic system of collaborative partnerships in which Amerigroup engages the health services delivery system.
- The opportunity to establish a continuum of services with flexibility to identify needed services and supports across and within Community-Based Organizations (CBO) that address physical, behavioral and social determinants of health.